

Work History- List the jobs that you have held, beginning with your last or present employer. Include part-time jobs, military service, and/or periods of unemployment in the proper sequence. Failure to give complete information may result in rejection of your application. If more space is needed, use additional sheets.

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|--|-------|--------|--|--|-----------------------|
| Current or Last Employer (1) | | | Address | | Phone No. |
| Job Title | | | Supervisor Name | | No. Supervised by You |
| Dates Employed From: To: | | | Starting Salary \$ Per | Ending Salary \$ Per | Reason for Leaving |
| Full Time | Years | Months | Duties: | | |
| | | | | | |
| Part Time | Years | Months | | | |
| | | | | | |

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|--|-------|--------|--|--|-----------------------|
| Current or Last Employer (2) | | | Address | | Phone No. |
| Job Title | | | Supervisor Name | | No. Supervised by You |
| Dates Employed From: To: | | | Starting Salary \$ Per | Ending Salary \$ Per | Reason for Leaving |
| Full Time | Years | Months | Duties: | | |
| | | | | | |
| Part Time | Years | Months | | | |
| | | | | | |

| | | | | | |
|--|-------|--------|--|--|-----------------------|
| Current or Last Employer (3) | | | Address | | Phone No. |
| Job Title | | | Supervisor Name | | No. Supervised by You |
| Dates Employed From: To: | | | Starting Salary \$ Per | Ending Salary \$ Per | Reason for Leaving |
| Full Time | Years | Months | Duties: | | |
| | | | | | |
| Part Time | Years | Months | | | |
| | | | | | |

May we contact the employers listed above? _____ If not, indicate by No. which one (s) you do not wish us to contact

Personal references - List three persons who are not related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed in Work History.

| Name and Occupation | Address | Phone Number |
|---------------------|---------|--------------|
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I certify that all of the statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I authorize investigation of all statements made in this application and release to the City of Newton's hiring officials. I understand that false information may be grounds for rejection and my application an/or dismissal if I am employed.

Signature of Applicant (Unsigned applications will not be processed)

Date

APPLICATION FOR EMPLOYMENT



PERSONNEL DEPARTMENT
CITY HALL 401 N. MAIN AVE
P.O. BOX 550
NEWTON, NC 28658
828-695-4304

An Equal Opportunity Employer

GENERAL APPLICANT INFORMATION

PLEASE READ CAREFULLY BEFORE COMPLETING YOUR APPLICATION.

1. Applications must be completed before consideration for employment. Some specific areas to review for completion are: specific title of position applied for, signature, work history (Application are considered incomplete unless work history is complete. It is unacceptable to indicate “see resume”, etc.), complete address, and correct phone number. Resumes will not be accepted in lieu of an application exception where specifically indicated in an advertisement.
2. Only positions currently advertised may be specified on the application. Applicants (including City employees) must submit separate application forms for each posted position.
3. Special attention should be given to the deadline date. Any application received after the deadline date may not be reviewed for the current vacancy.
4. The Personnel Department screens all applications received for minimum qualifications and will refer the applications meeting minimum qualifications to the departments. Departments interview applicants and select the person who best fits the needs of the department subject to the approval of the City Manager.
5. The Personnel Department will usually correspond with all applicants in writing within four (4) weeks after the deadline date to advise the status of their application.

APPLICANT RECORD

(Must be Completed)

DATE _____

POSITION TITLE _____

NAME _____

LAST

FIRST

MIDDLE

ADDRESS _____

CITY

STATE

ZIP CODE

PHONE () _____ () _____

HOME

WORK

SOCIAL SECURITY NO. _____

CITY OF NEWTON NORTH CAROLINA

AN EQUAL OPPORTUNITY EMPLOYER

The City of Newton will prohibit discrimination on the basis of race, creed, color, religion, sex, national origin, physical or mental disability, age or any other factor which cannot be lawfully used as the basis for employment decision.

Federal laws and regulations require employers to monitor and report the status of their equal employment opportunity programs on a continuing basis. Therefore, we are asking you to complete the information below. This information will be maintained only for the purpose of monitoring and reporting compliance in accordance with applicable laws and regulations as well as to insure compliance with City policies and procedures and will not be used for any other purpose.

If you are a veteran, or have a physical or mental disability, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

RESEARCH INFORMATION

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|---|---|---|---|
| <p>DATE OF BIRTH</p> <hr style="border: 0.5px solid black;"/> <p>MONTH DAY YEAR</p> <p>VETERAN</p> <p>Are you a veteran?</p> <p>_____ Yes _____ No</p> <p>SEX</p> <p>(Check one)</p> <p>_____ Male _____ Female</p> | <p>Are you claiming handicap status?</p> <p>Yes _____ No _____</p> <p>Please check:</p> <p>_____ Visual Impairment</p> <p>_____ Hearing Impairment</p> <p>_____ Cardiovascular Disorder</p> <p>_____ Emotional Mental Disorder</p> <p>_____ Nervous System/ Neurological Disorder</p> <p>_____ Respiratory Impairment</p> <p>_____ Loss or Impairment of Limb(s)</p> <p>_____ Disabling Diseases (Diabetes, Arthritis, etc.)</p> <p>_____ Other _____</p> | <p>Ethnic Background</p> <p>(check one)</p> <p>_____ American Indian/Alaskan Native</p> <p>_____ Asian American/Pacific Islander</p> <p>_____ Black</p> <p>_____ Hispanic</p> <p>_____ White</p> <p>_____ Other _____</p> | <p>How did you learn about this vacancy?</p> <p>_____ City's posted vacancy notice</p> <p>_____ Newspaper/Journal Ad</p> <p>_____ Employment Security Commission</p> <p>_____ Friend</p> <p>_____ City Employee</p> <p>_____ School Counselor/Placement Office</p> <p>_____ Other _____</p> |
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